

**MACOMB COUNTY HEALTH DEPARTMENT**  
**Environmental Health Services Division**

**EVALUATOR REGISTRATION RENEWAL FORM**

Registration Number \_\_\_\_\_

Name \_\_\_\_\_

Company  
Name \_\_\_\_\_

Address \_\_\_\_\_

City/Village/Township \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Signature Date

.....  
*DO NOT WRITE BELOW THIS LINE     FOR HEALTH DEPARTMENT USE ONLY*

Date Of Original Registration \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_

Registration Renewal Fee Paid:     ☐ Yes     ☐ No     Fee Payment Date \_\_\_\_\_

Type of Registration:     ☐ Water     ☐ Sewage     ☐ Both

Certified to Evaluate On-Site Water Supply Systems:     ☐ Yes     ☐ No

Certified to Evaluate On-Site Sewage Disposal Systems:

Conventional Systems:     ☐ Yes     ☐ No

Alternative Systems:     ☐ Yes     ☐ No